

## INSTRUCTIONS FOR NOTARY PUBLIC APPLICATION

TYPE OR PRINT IN BLUE OR BLACK INK. **Read all instructions and information carefully. Questions regarding this application should be directed to the Notary Public Section at (916) 653-6455.** Only your official signature should be written, all other information should be typed or printed legibly. All questions must be answered completely. You are required to complete all applicable items before you will be issued a commission. Obtain any information necessary to complete the application before you arrive at the examination site.

1. Enter your social security number. You must provide your social security number pursuant to Family Code Section 17520(d).
2. Enter the month, day and year of your birth.
3. Enter your driver's license number or, if you do not have a driver's license, enter your California identification number.
4. Print your full name – first, middle, last, and suffix (Sr., Jr., III, etc.), if applicable. Your name entered **must** be your first, middle and last name. You may **not** alter your last name in any way. It will be used for identification purposes and must match your picture identification used for entry to the examination. If you do not have a middle name, enter "NMN" in the appropriate space. If your first or middle name consists of an initial only, enter "Initial Only" following the initial.
5. Enter the name of the business or, if you do not work for a business or do not have a business name, enter "self employed." Enter your specific occupation (such as real estate agent, secretary, loan processor, etc.).
6. Enter your business telephone number **including** the area code.
7. Enter the address of your principal place of business where you will perform 50% or more of your notary duties. This address may be your residence address or the address of your place of employment. **Do not** enter a PO Box number. If your principal place of business has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. **Please note, this address is considered public information and will be given out to the public upon request.** Your commission will be mailed to this address if no address is listed in Item 9.
8. Enter the name of the county where your principal place of business is located to ensure your commission is issued for the correct county.
9. Enter the address where you would like to receive notary information if different from Item 7. NOTARY PUBLIC COMMISSIONS WILL BE MAILED TO THIS ADDRESS IF DIFFERENT FROM ITEM 7. If the mailing address is a PO Box, enter that address. **Please note, this address is considered public information and will be given out to the public upon request.**
10. Enter your home address. Do not enter a PO Box number. If your home address has no street and number address, enter the nearest intersection or street, highway or road name or number, or a rural free delivery route and box number. **Please note, this address will be given out to the public upon written request.**
11. If you are not a U.S. citizen, enter your Alien Registration Number in the space provided. This number usually begins with the letter "A." A work permit, visa, investor's visa, etc. does not meet this requirement.
12. You must be a legal resident of California in order to qualify to become a notary public pursuant to Government Code Section 8201, except as otherwise provided in Government Code Section 8203.1.
13. Enter any other name(s) e.g., maiden name, prior married name, name used prior to U.S. citizenship, etc.
14. If yes, you **must** provide the information in Item 17. Your application will be rejected if you do not provide the information.
15. If yes, indicate in Item 17 the type of license, the name under which it was issued, the date and reason of the revocation, denial, suspension, restriction, or resignation, and the name and address of the licensing agency. **(Do NOT include driver's license.)**
16. If you answered Yes to this question, disclose in Item 17 of this application the date and place of arrest, whether the conviction was for a felony or a misdemeanor, the name of court and court case number, the code section of the violation and/or a brief description of the offense, and the sentence imposed. Also, include the date you were released from probation, parole, or incarceration. DUIs must be disclosed. Your application will be rejected if you fail to provide the information in Item 17.

**NOTE: ALL CONVICTIONS MUST BE DISCLOSED, INCLUDING THOSE CONVICTIONS DISMISSED UNDER PENAL CODE SECTION 1203.4 OR 1203.4a.**

18. If you currently hold a commission, or have held a prior commission, enter the name exactly as shown on your most recent commission, the commission number of your most recent commission, and the expiration date of your most recent commission.
19. Type or print your name **exactly** as you want it on your commission. Titles or quotes are not acceptable; however, the name listed may include initials. Note: You may be required to present identification to the County Clerk when you file your oath and bond. If so, the identification **must** substantially match the requested official notary public name.
20. This application is signed under penalty of perjury. Enter the state, county and city (or unincorporated area) where the application was signed and enter the date it was signed. This official signature must be used by you in signing ALL notarized documents.

## PRIVACY NOTIFICATION

Civil Code Section 1798 et seq. requires each state agency to provide this notice to individuals completing this application. This information is being requested by the Secretary of State's Office, Notary Public Section, PO Box 942877, Sacramento, California 94277-0001, Telephone (916) 653-3595. Application information and fingerprints are requested as authorized by Gov. Code Sec. 8201.1. The principal purposes for this information are: 1. to determine the fitness of persons to serve in the capacity of notary public; 2. to determine if any disqualifying crimes have been committed by applicants; and 3. to enable the Secretary of State to carry out the duties required by law. Information on this form filed by the applicant with the Secretary of State, except for the name and address, is confidential and no individual record shall be divulged by an employee having access to it to any person other than the applicant, his/her authorized representative, or an employee or officer of the federal government, the state government, or a local agency, as defined in Gov. Code Sec. 6252(b), acting in his/her official capacity.



STATE OF CALIFORNIA  
SECRETARY OF STATE  
**NOTARY PUBLIC APPLICATION**

**IMPORTANT – Read instructions on back before completing this application - TYPE OR PRINT IN INK**

This application is presented for filing pursuant to Government Code Section 8201.5

1. Social Security Number	2. Date of Birth (month/day/year)	3. Driver's License or CA ID	Appl ID (For Filing Officer's Use Only)
4. Applicant's Name (first) (middle) (last)			

**Business Name and Address where you will perform 50% or more of your notarial duties: (County must be included) DO NOT LEAVE BLANK.**

5. Name of Principal Place of Business (If no business name, enter "Self")	Principal Occupation	6. Telephone Number ( )	
7. Business Location Address (Do not list a PO Box)	City	Zip Code	8. County
9. Mailing Address (Where you want notary information mailed)	City	Zip Code	
10. Residence Address (Number, street, apartment no. - No PO Box)	City	Zip Code	

**Please check Yes or No for questions 11 to 16:**

11. Are you a U.S. Citizen? If your answer is "No," provide Alien Registration Number below: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	12. Are you a legal resident of California? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you ever used another name? If Yes, list name(s) with explanation. (e.g., maiden name) _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. Have you ever been held liable by a court in any suit based on fraud or misrepresentation, failure to discharge the duties of a notary, or violation of state regulatory law? If Yes, please give details in Item 17. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Have you at any time had a professional license or notary commission denied, revoked, restricted or suspended? Have you ever had to resign a license or commission under unfavorable circumstances? If Yes to either question, please see instructions provided on back and give details in Item 17. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16. Have you ever been convicted by any court of a <b>felony</b> , OR a <b>misdemeanor</b> , OR <b>have you ever been arrested for an offense for which trial is pending</b> ?* If Yes to either question, see instructions provided on back and give details in Item 17. If convicted under another name, list other name in Item 13 above. _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**\*ALL CONVICTIONS MUST BE DISCLOSED INCLUDING  
CONVICTIONS DISMISSED UNDER SECTIONS 1203.4 OR 1203.4a PENAL CODE**

17. ADDITIONAL INFORMATION: (IF ADDITIONAL SPACE IS REQUIRED, ATTACH A SEPARATE SHEET OF PAPER 8 1/2 X 11 INCHES IN SIZE.)

18. FOR PERSONS PREVIOUSLY HOLDING CALIFORNIA NOTARY PUBLIC COMMISSIONS: (Print name exactly as shown on previous commission)			(Last Commission No., if known)	(Expiration date)
19. <u>Print</u> your name exactly as you want it shown on your commission. Note: You may be required to present identification to the County Clerk when you file your oath and bond. If so, the identification <u>must</u> substantially match the requested official notary public name shown below.				
(first)	(middle)	(last)		

20. I agree and understand that any misstatements or omissions of material facts will result in the denial or revocation of my notary public appointment and possible criminal liability.	
I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing is true and correct.	
Executed in the State of _____, County of _____, City of _____ (or unincorporated area)	
on _____ Date	Official Signature: _____ (This signature must be used by you in signing ALL notarized documents.)

For Filing Officers Use Only